



Certification Exam Accommodation Request

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Fire Services
 Fire Fighter Training Division
 P.O. Box 30700, Lansing, MI 48909

Email: LARA-BFS-SMOKE@MICHIGAN.GOV

Email Subject line must contain "Accommodation Request"

To Be Completed By Applicant			
<p><i>The information or documentation regarding your disability and your need for an accommodation in testing will be considered strictly confidential. This information will not be shared with any outside source without your written consent. All items must be completed and submitted a minimum of 28 days prior to the test/retest date.</i></p>			
Name:		SMOKE PIN:	
Accommodations are requested for the following examination course code:			
Exam Date:		Location:	
<p>I am requesting the following accommodation(s) be provided:</p> <p><input type="checkbox"/> Reader as an accommodation for a learning disability.</p> <p><input type="checkbox"/> A separate testing area.</p> <p><input type="checkbox"/> Time Extension (certification examinations are timed (one (1) minute per question)).</p> <p><input type="checkbox"/> Other (including time of extension if requested).</p>			
Applicant Signature (below):			Date:

Documentation of Disability Related Needs	
<p><i>To be completed by an appropriate professional (education professional, doctor, psychologist and/or psychiatrist) certifying your disability requires the requested exam accommodation.</i></p>	
<p>I have known the above-named applicant since _____ in my capacity as a(n)_____.</p> <p>The applicant has explained the nature of the exam to be administered. It is my opinion that due to the applicant's disability; he/she should be accommodated for those items checked above.</p> <p><input type="checkbox"/> Attached is the required explanation of the applicant's disability and related medical facts to support the accommodation(s) requested.</p>	
Professional's Name (printed):	
Professional's Signature:	Date:
Professional's Title:	License Number (if applicable):

Submit the completed form and attached documentation to: LARA-BFS-SMOKE@michigan.gov
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